Important notices:

✓ Project Proposal Deadline: 18/04/2019 at 18:00 (Turkey time) on GMS only
✓ A maximum of two proposals per partner is allowed
✓ Operational modalities reviewed for this allocation and partners’ risk level
✓ A new project proposal template will be used for this allocation (info in launch email)
✓ The self-assessment Gender with Age Marker (GAM) score and reference number are rolled out

I. ALLOCATION OVERVIEW

A) INTRODUCTION / HUMANITARIAN SITUATION

- As of March 2019, Turkey-based humanitarian organizations continue to provide life-saving support and services in north-west Syria to conflict-affected populations in Idlib, Aleppo, Hama and Lattakia Governorates.

- The current humanitarian situation is characterized by continued high levels of people in need and the commensurate need for humanitarian assistance and sustained funding\(^1\). The intensification of hostilities since the beginning of the year is adding further needs to an already dire situation.

- As of 15 March 2019, The Humanitarian Response Plan (HRP) for Syria for 2019 received 4 per cent of the funding requirement for the year. The 2018 HPR for Syria received 65 per cent of the funding requirement\(^2\).

- The cumulative effects of years of conflict, violence and destruction had led about 2.7 million in need of humanitarian assistance out of 3.9 million people who live in north-west Syria. Some 1.5 million people are in acute need of assistance and are almost completely reliant on humanitarian assistance to meet their basic needs. Half of the population are IDPs or returnees. On average, 2 million people are reached each month with a range of humanitarian services by cross-border humanitarian actors from Turkey.

- The coping mechanisms of host communities in north-west Syria are exhausted after years of conflict. Both IDPs and host communities need basic services and humanitarian assistance in most communities. Throughout 2018, north-western Syria received several influxes of internally displaced people (IDPs) from different parts of the country, exacerbating already existing high levels of needs and vulnerability both in already congested IDP sites and overburdened communities\(^3\).

- Early 2019, more than 97,000 people were displaced from areas near the frontlines as hostilities continued and due to flooding. Many people who have been displaced had to leave with very little in terms of belongings. 200,883 displacements were tracked between September 2018 and February 2019 in northwest Syria.

- Syria remains a major protection crisis, with civilians exposed to multiple protection risks related to ongoing hostilities which are triggering harmful coping strategies such as child labour and early marriages.

- Over the last six months, the humanitarian community’s focus has been to respond to most critical life-saving needs to most vulnerable host communities, IDPs in a protracted displacement situation and newly-arrived IDPs including providing winterization response, assisting floods and conflict affected communities and continuing the provision of basic life-saving assistance.

- According to the 2019 Humanitarian Response Plan (HRP) the scale, severity and complexity of humanitarian needs of people in Syria remain extensive. Key priority needs both for host communities and IDPs range from accessing basic life-saving services, providing adequate shelter to supporting livelihood projects in areas where the situation is relatively stable. Efforts are also needed to restore and improve critical infrastructure.

- The intensification of hostilities and related displacements since the beginning of the year also calls for strengthening operational readiness\(^4\).

\(^1\) 2019 Humanitarian Needs Overview: https://hno-syria.org/
\(^2\) According to funding reported to the Financial Tracking System (FTS): https://fts.unocha.org/countries/218/summary/2019
\(^3\) Between December 2017 and February 2018, 385,000 people were displaced due to hostilities in the southern and eastern parts of Idlib governorate. Subsequently, between March and July 2018, there was an additional influx of 129,000 people from areas that witnessed the implementation of local agreements.

\(^4\) At the time of developing this allocation strategy the Readiness and Response Plan for Northwest Syria is being updated and will be considered as part of this allocation as required.

About Country-based Pooled Funds (CBPFs):
CBPFs allow donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. This enables humanitarian partners in crisis-affected countries to deliver timely, coordinated and principled assistance.

B) 2019 HUMANITARIAN RESPONSE PLAN (HRP)

- The HRP serves as the strategic framework of the Turkey Humanitarian Fund (THF) standard allocations. At the time of developing the allocation strategy for the first standard allocation, the 2019 Humanitarian Response Plan (HRP) for the Whole of Syria has not yet been published.
- To ensure a timely launch of this allocation, this strategy is based on the 2019 HRP preparations and Humanitarian Needs Overview (HNO). It also includes other available recent humanitarian assessments and the operational readiness plan for the North West of Syria.
- This allocation is anchored in three following HRP objectives:
  1. **SO1 - Save lives**: Provide life-saving humanitarian assistance to the most vulnerable people with an emphasis on those in areas with a high severity of need;
  2. **SO2 - Enhancing protection**: Enhance the prevention and mitigation of protection risks, and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality, principled assistance, and;
  3. **SO3 - Increase resilience and access to services**: Increase the resilience of affected communities by improving access to livelihood opportunities and basic services especially amongst the most vulnerable households and communities.

For this allocation, the clusters will target the following HPR Strategic Objectives (SO):

<table>
<thead>
<tr>
<th></th>
<th>CCCM</th>
<th>Early Rec.</th>
<th>Education</th>
<th>FSL</th>
<th>Health</th>
<th>Nutrition</th>
<th>Protection</th>
<th>Shelter/NFI</th>
<th>WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SO1</strong></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
<td><strong>SO2</strong></td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
</tr>
<tr>
<td><strong>SO3</strong></td>
<td>x</td>
<td></td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<td>x</td>
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</tbody>
</table>

- This standard allocation will follow HRP key principles rigorously prioritizing activities, based on severity of needs and vulnerability. It also considers vulnerabilities from gender age and disability and upholds key principles, such as accountability to affected populations, prevention of sexual exploitation and abuse (PSEA), do no harm and a principled humanitarian action.

II. ALLOCATION STRATEGY

A) PURPOSE OF THE ALLOCATION STRATEGY

- The overarching intent of this allocation is to provide resources to contribute to most time-critical, life-saving activities to respond to the allocation strategic objective endorsed by the Deputy Regional Humanitarian Coordinator (DRHC) to:

  ‘Consolidate and maintain gains in provision of life-saving and sustaining basic services - emphasizing equitable access of people in need and quality of programming’

- This objective has been developed by prioritizing response across sectors using most recent needs assessment and recent context analysis to:
  1. Address most critical gaps in ongoing life-saving humanitarian operations focusing on the severity of needs and the number of people at risk;
  2. Respond to special needs of marginalized and particularly vulnerable people, including people with disabilities; and
  3. Support operational readiness for new emergencies focusing on the needs of newly displaced people and communities in front-line areas at greatest risk of actual or imminent absence of services.

- This allocation strategy and subsequent sectoral strategies were developed with the objective of enhancing the quality of the response and emphasize equitable access to best meet the most critical needs of the affected populations by:

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5 In line with CERF life-saving criteria: https://cerf.un.org/sites/default/files/resources/FINAL_Life-Saving_Criteria_26_Jan_2010_E.pdf
6 For this allocation, the development of the strategy was informed by two dedicated intersectoral cluster meetings and sectoral discussion in each cluster;
• Launching a pilot initiative with the Protection Cluster to roll out the sectoral actions plan developed under the HRP protection risk analysis (annex 4) Results of this pilot will be reviewed and subsequently amended or pursued for next allocations;
• Adding a stronger focus on addressing special needs of marginalized and particularly vulnerable people, including people with disabilities;
• Focusing on most critical gaps in ongoing life-saving humanitarian operations building on activities funded in previous years to consolidate and maintain gains achieved;
• The allocation will also support stocks when considered indispensable for the delivery of the frontline response. Core pipeline projects are eligible and encouraged for procurement.

B) ALLOCATION BREAKDOWN

The DRHC, in consultation with the THF Advisory Board, decided to allocate a maximum of US$ 45 million from the THF funds for this first Standard Allocation in 2019.

The following clusters and activities have been selected and eligible clusters for this allocation and funding has been agreed as follows (in million US$):

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Maximum amount per cluster ($million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>5</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
</tr>
<tr>
<td>Food Security and Livelihoods (FSL)</td>
<td>7</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
</tr>
<tr>
<td>Protection</td>
<td>6</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>5</td>
</tr>
<tr>
<td>WASH</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>

The funding allocated per cluster is only indicative to inform the strategic review of selection of projects. The final decision on funding allocated per cluster will be based on the quality of the proposals received and the extent to which they correspond to the allocation strategy and the objectives of the sectoral strategies developed for this allocation.

In addition, submitted project proposals should fit into the identified cluster(s) priorities described in the below clusters’ sectoral strategies section.

III. TIMELINE AND PROCEDURE

• The allocation is launched on the GMS on 29 March 2019 and THF partners are invited to submit their proposals by 18 April 2019 COB.
• The submission and the review of the project proposals is conducted through the on-line Grant Management System (GMS) only.
• Key dates for allocation process are set out in the table hereafter:

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7 Additional priorities and targets might be considered to respond to increased needs on the ground.
8 When preparing project concept notes, partners are encouraged to liaise with respective Cluster Coordinators/Co-coordinators to ensure alignment with the endorsed prioritization framework. During the review of submitted proposals, only those that align with, and contribute towards, the endorsed prioritization framework will be considered for funding.
<table>
<thead>
<tr>
<th>Steps</th>
<th>What</th>
<th>Who</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1: Allocation strategy development</strong></td>
<td>HFU launches allocation on behalf of DRHC</td>
<td>HFU</td>
<td>29 March</td>
</tr>
<tr>
<td><strong>Step 2: Submission of project proposal</strong></td>
<td>1. Eligible partners submit proposals through the GMS</td>
<td>Partner</td>
<td>29 March – 18 April</td>
</tr>
<tr>
<td></td>
<td>- The project proposal should address the priorities in the allocation strategy and supported by a clear logframe with outcomes, outputs, SMART indicators and detailed activities;</td>
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<td></td>
<td>- The complementarity in service delivery and partnerships should be taken into consideration when developing project proposals;</td>
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<td></td>
<td>- The project proposal must have a detailed budget outlining all the project related expenditures under relevant budget lines;</td>
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<td></td>
<td>- The budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and use the automated Bill of Quantities inherent in the GMS budget.</td>
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<tr>
<td>2. Proposals screening</td>
<td>- Proposal(s) are vetted by HFU (eligibility of partner, template/criteria compliance, duplication of proposals, etc.) and shared with the SRCs</td>
<td>HFU</td>
<td>22 April</td>
</tr>
<tr>
<td><strong>Step 3: Strategic Review</strong></td>
<td>- SRC members prepare for the Strategic Review Committees (SRCs)</td>
<td>Clusters and HFU (4 clusters in parallel)</td>
<td>23 – 26 April – 30 April</td>
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<tr>
<td></td>
<td>- The SRCs reviews the project proposals against the HRP and the allocation strategy and objectives. The assessment is conducted using the scorecard in the GMS, including for multisector projects.</td>
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<td></td>
<td>A detailed timeline of the strategic review steps to be shared and a briefing will be organized with clusters and SRC members</td>
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<tr>
<td><strong>Step 4: Preliminary approval by DRHC</strong></td>
<td>- The HFU shares the SRC recommendations with the AB for information and feedback if necessary;</td>
<td>HFU, AB and DRHC</td>
<td>30 April</td>
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<tr>
<td></td>
<td>- The recommended projects are submitted to DRHC for ‘approval in principle’;</td>
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<td>- Partners are informed of HC pre-approval or rejection/ push on GMS by HFU programme focal point.</td>
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<td></td>
<td>Any project can be rejected by the DRHC until the contract is signed.</td>
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<tr>
<td><strong>5. Technical and financial reviews</strong></td>
<td>1. Projects technical and financial review</td>
<td>Cluster and OCHA (HFU, and CBPFS).</td>
<td>2 – 3 May</td>
</tr>
<tr>
<td></td>
<td>- The technical review committees (TRCs), OCHA HQ/CBPFS, conduct the technical and financial review of the shortlisted projects;</td>
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<td>- The HFU shares through the GMS consolidated technical feedback (cluster and THF) with partner for re-draft</td>
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<td></td>
<td>2. Partners re-draft</td>
<td>Cluster and OCHA (HFU, and CBPFS).</td>
<td>6 – 10 May</td>
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<tr>
<td></td>
<td>- Proposals revised by the partners and resubmitted to HFU within a week maximum. Proposals can be submitted earlier and will be reviewed accordingly.</td>
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<td></td>
<td>Proposals will be rejected after three rounds of technical review if they do not meet the quality standards</td>
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<tr>
<td><strong>6. Final approval by DRHC</strong></td>
<td>1. DRHC proposals endorsement</td>
<td>AB, DRHC, and HFU</td>
<td>7 – 17 May</td>
</tr>
<tr>
<td></td>
<td>Following the clearance of the technical review process the DRHC officially endorses the project and the AB is informed.</td>
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<tr>
<td></td>
<td>2. GA Preparation</td>
<td>HFU and Partner</td>
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<tr>
<td></td>
<td>The HFU liaises with the partner to determine the start date of the project. The agreed upon start date will be included in the GA (Annex B).</td>
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<tr>
<td>3. DRHC GA signature</td>
<td>The DRHC approves the project(s).</td>
<td>DRHC and HFU</td>
<td></td>
</tr>
<tr>
<td>4. Partner GA signature</td>
<td>Upon signature by the DRHC, the HFU notifies the partner that the project has been approved and shared the GA for counter signature.</td>
<td>IP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The eligibility of expenditures will be determined by the date of partner’s signature of the GA.</td>
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</tr>
<tr>
<td>5. GA final clearance</td>
<td>Once the partner has countersigned, the GA is sent to OCHA Executive Officer (EO) for the final signature.</td>
<td>OCHA Executive Officer</td>
<td></td>
</tr>
<tr>
<td><strong>7. Disbursement</strong></td>
<td>The payment request is processed through OCHA FCS.</td>
<td>OCHA CBPFS, OCHA EO</td>
<td>2-10 days after signature</td>
</tr>
</tbody>
</table>

Any project proposals which will not follow the steps highlighted the above calendar will be recommended to the DRHC for cancellation. The finalization of proposals ‘approved in principle’ that respond to urgent needs will be fast tracked.

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3. If the Advisory Board (AB) does not object within 24 hours, the proposal is considered approved. If the AB objects, the DRHC will have to take the final decision. The DRHC has the authority to overrule the advice of the AB.
Applicants to this allocation must note the following:

- Fast tracking the finalization of proposals ‘approved in principle’ by the DRHC and identified by the review committees as time-sensitive, will be prioritized by the THF and will be on the partners’ meeting THF requirements in the required timeframe;
- Partners training and GMS clinics will be organized for partners during the allocation to support proposals’ submission;
- The DRHC reserves the possibility to set aside funding recommendation based on the following:
  - The organization partner’s performance with the THF, including recent audit findings and spot check reports;
  - Limited absorption and implementation capacity of the applicant;
  - Disproportionate or unjustified budget costs in relation to the proposed project strategy; and
  - Absence of secured access to the targeted implementation area.

IV. ELIGIBILITY FOR FUNDING AND ALLOCATION CRITERIA

Partners submitting proposals who do not meet the below-mentioned criteria and the regular eligibility criteria will not be considered for this allocation and their proposals may not be considered eligible by the review committees.

A) PARTNER ELIGIBILITY

- Due Diligence (DD): only partners that have completed/updated their THF DD review are eligible to receive funding. The due diligence review is conducted through the GMS. Partners are required to submit information about legal status, banking details and other mandatory declarations ahead of an allocation process. No changes will be accepted after the launch of an allocation and the signature of the grant agreement;
- Overdue reports: For partners that have received funding from the THF in the past, all due project reports must have been submitted. This includes both narrative and financial reports, and both interim and final reports;
- Partners’ Performance Index (PPI): All THF partners are assessed for performance through the PPI which has been updated for this allocation. Parameters include the quality and timeliness of submitted project proposals; the timeliness and quality of project implementation; the timeliness and quality of narrative and financial reporting; and the findings of audits. In certain exceptional cases an organisation may be ineligible to receiving funding as a result of past performance. The THF will liaise with partners with compliance issues and provide the relevant guidance;
- HRP application: Partners should be participating in the 2019 HRP and have a related approved OPS project in the HRP under that same cluster either as an implementing partner or a sub-implementing partner;
- Cluster membership: Active cluster membership should be confirmed by the respective Cluster Coordinator. Active membership includes at a minimum the following: must be an active member of the cluster as defined by the relevant clusters and endorsed by the ICCG;
- Adherence to humanitarian principles: support a principled humanitarian response to the vulnerable displaced people and host communities.

B) ALLOCATION CRITERIA

Proposals submitted under this allocation will need to meet the following criteria:

- Number of project and grant ceiling: a maximum of two project proposals per partner will be accepted.
- The ceiling per project\textsuperscript{10} is defined based on the updated partner risk level in March 2019\textsuperscript{11} and project duration, as outlined in the Operation Modalities;
- Partners can submit a multi-cluster/integrated project, provided the locations and targeted beneficiaries are similar. The project should include the exact budget distribution among the cluster on the cover page. The budget should

\textsuperscript{10} The ceiling per partner applied in the past has been removed since 2018 with the revision of the THF Operational Manual;
\textsuperscript{11} Partners should verify their risk level on the GMS before submission. Risks levels will be updated ahead of the first standard allocation.
clearly identify the costs per clusters. While such projects are encouraged to maximize impact, stronger sectoral projects will be preferred;

**Strategic relevance:** Projects should present a clear linkage with the allocation strategy and an alignment of activities with areas of special focus;

- **Technical soundness:** Proposals must meet the technical requirements and cluster technical guidelines to implement planned activities. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities. THF standard output indicators must be used a rule (annex 7), custom indicators only as required;

- **Beneficiaries:** Beneficiaries should be clearly described and broken-down per geographical area, type, gender and age with clear justification on the number provided. Double counting of beneficiaries should be avoided. Beneficiaries must be identified based on the vulnerability and without interference of local authorities or armed actors;

- **Needs-based:** The needs are well identified using recent surveys and studies undertaken (assessment results must be attached within the submission - and/or the reference on the sources provided);

- **Appropriateness:** The activities are adequate to respond to the identified needs;

- **Time criticality:** In accordance with the cluster strategies, the allocation prioritise time sensitive activities, i.e. activities that are most urgent in nature and require immediate response that cannot be postponed;

- **Access:** The applicant must confirm access to the geographical target area(s) and proven operational capacity in the area;

- **Monitoring:** a realistic monitoring and reporting strategy is developed in the proposal. The THF encourages the use of participatory approaches, involving affected communities in needs assessment, implementation and monitoring and evaluation;

- **Risk management:** Assumptions and risks related to the project are comprehensively and clearly spelled out, along with a clear risk management strategy. In case the original targeted geographical area is no longer accessible, the project should present a ‘plan B’ in line with the allocation strategy and a suitable risk management plan in place;

- **Staff welfare:** In line with the organization’s due diligence and risk management responsibilities, it is the organizations’ responsibility to ensure there are provisions for staff welfare;

- **Complementarity with other funding:** Proposal recommending activities that have received funding from other sources should be weighted more favorably than activities that have no other funding, unless justified by the cluster with solid needs analysis. Cluster partners are requested to provide most up to date funding update on FTS. The additional source of funding already secured must be reported on the project cover page and complementarity with THF requested funding explained. Funding being sought but not yet secured should also be mentioned;

**Partnerships:** Applicants must provide detailed information about future partnerships under the proposed plan (if any) and are responsible to verify the capacity and the due diligence of the proposed sub-implementing partners. For this allocation, partners must have pre-selected partners for implementation with confirmed capacity. Furthermore, submission of projects using consortium modality should be discussed prior to submission with the cluster coordinators/co-coordinators and the OCHA Humanitarian Financing Unit. Joint proposals regrouping different partners with clear delineation of activities and responsibilities will be considered favorably as relevant;

- **Value for money:** Projects that can demonstrate the most ‘value for money’ (e.g. maximum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention) relative to the project budget are prioritized. Running costs for an organization or a facility should be kept at minimum;

- **Budget soundness:** proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and use the automated Bill of Quantities [BoQs] inherent in the GMS budget. Project costs are appropriate comparable to the technical difficulty and complexity of the proposed activities;

- **Accountability to the affected population:** Projects must include a section on the Accountability to the Affected Populations and ensure that complaint and feedback mechanisms are in place;

- **Protection against Sexual Exploitation and Abuse (SEA):** In line with the requirement in the grant agreement, partners should ensure that the relevant mechanisms in place to detect internally and externally SEA cases;
- **Protection, gender, age and disability mainstreaming**: This allocation approach promotes protection, gender, age and disability mainstreaming and to check the extent to which appropriate measures have been integrated into project design;
- **Environment marker**: To check to which extend the project design is respecting the environmental measures (when it applies);
- **Conflict-sensitivity**: Project need to be conflict-sensitive, notably through integrating a do-no harm approach when designing the project;
- **Deconfliction**: The prospective partner is encouraged to deconflict their humanitarian project sites through the process established by the Humanitarian Liaison Group in Gaziantep. Though no guarantees can be provided, deconfliction provides options for protection for humanitarian staff and assets in accordance with international humanitarian law.

### V. HFU INFORMATION AND COMPLAINTS MECHANISM

- Detailed information on the THF scope and objectives, governance arrangement and allocation process is available in the [THF Operational Manual](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/thf_operationalmanual_may_2018_final.pdf). The manual is designed within the framework provided by OCHA’s global Operational Handbook for Country-Based Pooled Funds (CBPFs) which outlines the rules, requirements and guidelines that apply to all CBPFs worldwide.

- **All correspondence and general inquiries** about this allocation process should be sent to the OCHA Humanitarian Financing Unit (which serves as the THF secretariat) at: ochahpf@un.org.

- **For complaints and feedback** from stakeholders who believe they have been treated incorrectly or unfairly during any part of the HF process, there is a dedicated email address: ochathffeedback@un.org. Complaints and feedback will be dealt with in a confidential manner. OCHA will compile, review, address and –when necessary- raise the issues with the DRHC, who will take a decision and recommend necessary actions.

### VI. CLUSTERS PRIORITIES

Partners submitting proposal under this reserve allocation need to ensure that the proposed strategy matches with the overarching objective identified for this allocation and the sectoral strategies developed hereafter.

- An inclusive and consultative process has established a detailed prioritization framework, including envelopes for clusters and key activities. Following issuance by the THF Advisory Board of an allocation objective establishing the overarching intent of the allocation and other conditions, clusters set out their initial priorities and requirements and other supporting information.

- These inputs were compiled and reviewed by the OCHA Humanitarian Financing Unit allowing to question strategies build on and explore integrated approaches to maximize the fund’s impact. The final collective, inter-cluster proposition was presented to the THF Advisory Board (AB) prior to final endorsement and launch of the allocation.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>CCCM – requested amount: $5 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster specific objectives targeted</td>
<td>To improve the infrastructure situation and living conditions inside the IDPs camps by: 1. Providing streamlined life-saving, humanitarian multi-sectoral assistance and strengthen the basic infrastructure support in IDP sites; 2. Improving the management quality of IDP sites. Note: Sector specific activities in camps setting are covered through other clusters and need to be closely coordinated with the CCCM cluster.</td>
</tr>
<tr>
<td>Allocation specific Objective(s)</td>
<td>1. Restore the basic infrastructure damaged by the flood and storms and strengthen the basic infrastructure in IDP sites to reduce the impact of severe weather conditions in 2019; 2. Extend the THF funds for the existing planned IDP camps in Idleb and existing Reception Centers in Idleb and Aleppo.</td>
</tr>
</tbody>
</table>

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14 The targeting of a non-registered IDP camps needs to be discussed with the CCCM cluster coordinator.
Main activities

- Site improvement/infrastructure upgrade for the basic services;
- Excavation of drainage network inside IDP sites;
- Maintenance of existing drainage networks inside IDP sites;
- Maintenance of internal roads and pathways damaged by floods inside IDP sites;
- Environmentally friendly tents insulation and levelling to ensure IDPs are protected against weather conditions;
- Extension of the managing and running three reception centers and one planned IDP site.

Timeframe
12 months maximum for all activities

Target location

**Priority 1:** Dana, Darkosh, Harim, Idleb, Jabal Saman, Al-Bab, Atareb, Azaz, Maaret Tamsrin, Badama, Janudiyeh, Suran, Zarih, Jarabuls, Teftanaz, Maaret Numah, Armanaz, Schafrican, Kafar Nobel, Ar Ra’ee

**Priority 2:** Al-Bab, Atareb, Azaz, and Maaret Tamsrin. Note: the selected locations must be closely coordinated with the Early recovery and WASH clusters coordinators.

Targeted Population
IDPs living in last-resort IDP sites and Reception Centers: 464,509 IDPs/85,834 families as per December IDP Sites Integrated Monitoring Matrix (ISIMM), living in 325 registered IDP sites.

Cluster | Early Recovery - requested amount: $4 million
--- | ---
Cluster specific objectives targeted | 1. Improve access to basic and social services and infrastructure;
2. Strengthen access to livelihood by creating income generating opportunities and by improving access to production and market infrastructure to restore local economy recovery.

Allocation specific Objective(s) | 1. Improve the quality of the camps access road to prevent isolation in case of floods and to facilitate delivery of humanitarian assistance and protect camps with adequate drainage systems
2. Reduce negative coping mechanism stemming from economic insecurity, such as child labour, early marriages, enrolment in armed groups for destitute IDPs and host communities HHs.

Main activities | • Rehabilitation of feeder roads to facilitate more equitable access to camps by several groups of vulnerable individuals, therefore preventing their isolation in case of floods or other severe weather-related shocks, which raise additional protection needs;
• Rehabilitation and/or improvement of drainage systems to clean and establish new rain-water drainage systems surrounding the heavily inhabited IDP sites, therefore protecting camps from heavy floods and consequently improving the living conditions of the displaced;
• Maintenance of the drainage systems, the ER cluster will create maintenance teams composed of IDPs and host community representatives, the teams will operate in coordination with the camps management;
• Provision of full time or short-term, work opportunities to the IDPs and host community members by selecting and employing them for roads’ rehabilitation and improvement of the drainage systems (cash for work).

Timeframe | 12 months

Target location

Priority 1: Idleb: Harim, Dana
Priority 2: Idleb: Harim, Maaret Tamsrin
Note: the selected locations must be closely coordinated with the CCCM and WASH cluster coordinators.

Targeted Population
Total Targeted Beneficiaries: 497K (Direct Beneficiaries: 133K; In-direct beneficiaries: 364K)
Dana and Maaret Tamsrin
IDPs total 126,703 (23,274 HH)
Total population in Harim/Dana 496,911 of which 470,858 Pin
According to ISIMM data by CCCM, 14 subdistricts are hosting more than 300 camps in NW Syria with 420k people in these camps.
Dana SD in Harim district in Idleb governorate is the top SD with 240 camps (262k people)
Link with protection, child labor:
55% of children (947K) between the age of 5 - 17 live in 13 subdistricts.
In NW Syria the average % of 5 – 17 children are around 49%
Only in Dana subdistrict 296,397 total population half of the population are children many exposed to the (risk/need) of child labor.

Cluster | Education - requested amount: $ 6 million
--- | ---
Cluster specific objectives targeted | 1. Scale up safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 5-17 years);
2. Enhance the quality of formal and non-formal education for children and youth (aged 5-17 years) within a protective environment;
<table>
<thead>
<tr>
<th>Cluster specific objectives targeted</th>
<th>Food Security and Livelihoods - requested amount: $7 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSS HRP 2019 Strategic Objective 2 (SO2) Support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives; Strategic Objective 3 (SO3) Improve communities’ capacity to sustain households’ livelihoods by improving linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services and early warning systems.</td>
<td></td>
</tr>
</tbody>
</table>

| Allocation specific Objective(s) | This allocation will allow the expansion of the provision of immediate alternative education in complementary with other funding sources either secured or in the pipeline. The key objective is to align the timing of the THF with the academic year so that there can be one cycle of non-formal education for out of school children from June to August and transition these children to formal education with the start of the academic year in September. 1. Provide non-formal and formal education for the most vulnerable children and youth in protective and accessible learning spaces in the IDP and host communities in the summer for out-of-school children who have lost years without education to allow them to transition formal education in the beginning of the school year. Thus, increase the absorption capacity of the education system 2. Improve the quality of formal and non-formal education and support teachers for better learning outcomes and response to the recent influx of IDPs and the flooding that hit especially the IDP communities |


| Timeframe | 12 months maximum |

| Target location | Priority 1: Dana, Azaz, Al Bab, Madiq Castle, Qourqena, Saraqab, Salqin Priority 2: Afrin, Arima, Arima, Arha, Jisr-Ash-Shugur Note: Selected locations are based on identified critical education gap within the education PiN and the reach in NWS. Flood affected areas were also included based on key findings from the inter-agency needs assessment where Azaz and Dana, for example, were among the areas affected. For the renewed violence in Northern Hama and Southern Idleb, it will be considered when the situation is conducive to ensure no harm approach in delivering education services. Hence the Education Cluster will focus on providing life-saving education services in locations that are receiving the IDPs. |

| Targeted Population | The target population is the out of school children or children at the risk of dropping out at the age of 5-17 living in informal IDP camps/settlements and the host communities. The locations are prioritized according to high severity scale and low supported areas, where IDP and returnee populations are dense and public services are overburdened due to the sudden increase of population. Children with disabilities are considered as one of the highest vulnerable groups and prioritized in this intervention. |

15. The heating of classrooms only for long term projects covering the winter season and clearly justified. 16. This is limited to volunteer teachers; the amount must be aligned to (not exceeding) the incentives paid by other actors in NWS.
The Cluster considers the three pillars of food security: availability, access and utilization. The Cluster supports integration between life-saving and life-sustaining food assistance and livelihoods support to reduce beneficiaries’ aid dependency.

- Support food availability, through agricultural/livestock activities and food production;
- Improve dietary diversity and availability of fresh food at household level;
- Support food access through increased income generating and livelihoods opportunities;
- Support communities’ capacity to sustain households’ livelihoods by improving linkages with value chain through the rehabilitation of productive infrastructure as well as supporting services.

Emergency food assistance is limited to cover the gaps to respond to food needs of crisis-affected people in coordination with CCCM.

### Main activities

1. **Emergency food assistance**: it will be limited to cover gaps in the provision of emergency food assistance to respond to immediate food needs of crisis-affected population, primarily in reception centres and planned IDP sites in close coordination with CCCM;

2. **Agriculture activities**:
   - a. Distribution of agricultural inputs, such as seeds, fertilizer, and equipment; and related training;
   - b. Wheat value chain support
     - At inputs level: provide supplementary irrigation to mitigate risk on wheat cultivation for next season and support harvesting costs;
     - At processing: bakeries and flour mills rehabilitation;
     - At marketing level such as purchasing wheat from farmers to support bakeries;
   - c. Support olive services with provision of fuel and fertilizers, especially in Afrin

3. **Livelihoods support activities related to food security and agriculture activities**: (In line and linked to CCCM exit strategy in from IDP)
   - a. Income generating activities such as Cash for work, and Food processing;

4. **Livestock activities**:
   - a. Livestock vaccination and treatment and training for veterinary services;
   - b. Increase availability and access for animal feed (fodder);
   - c. Distribution of small animal units;

5. **Irrigation and drought mitigation**:
   - a. Rehabilitating irrigation canals to avoid digging new wells, to sustain agriculture, possibly through cash for work schemes;
   - b. Participatory irrigation, and provision (1-2) of supplemental irrigation to mitigate drought’s risk on wheat cultivation for next season
   - c. Provision of solar power system for agricultural activities (irrigation, etc.)

### Project timeframe

The activities are planned to be implemented from 6 to 12 months, in line with agricultural calendar.

### Target location

- **Priority 1**: Idlib governorate – Ariha, Jisr Ash Shughur, Harim, Idlec,
- **Priority 2**: Aleppo governorate – Al Mara, Jebel Saman, Afrin, Azaz, Jarablus, Al Bab
- **Priority 3**: Hama governorate -Muhdahah, Al-Suqaylabiyah, and DMZ

### Targeted Population

The allocation is expected to provide FSL services to approximately 20,000 vulnerable HHs as direct beneficiaries corresponding to approximately 120,000 individuals from:

- Host communities;
- Displaced people including spontaneous and self-organized returnees.
- Spontaneous/self-organized returnees;

The prioritization of the targeted beneficiaries should be based on cluster coordinated vulnerability and selection criteria based on type of activities and include both displaced and host communities. Women participation will be prioritized.

Selected projects are required to be in line with Cluster’s integration strategy, and to apply the integration strategy M&E framework for beneficiaries of food assistance and livelihoods support.
Cluster | Health - requested amount: $6 million
--- | ---
Cluster specific objectives targeted | SO1: Increase access to humanitarian life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need.  
SO3: Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context.

Allocation specific Objective(s) | Targeting based on the severity scale the most vulnerable groups by filling the gaps in:  
• To provide live-savings health care services with attention to surgical, trauma and injury care at selected needs-base health facilities in high severity ranking locations with focusing on medical and surgical care supplies and infection control measures.  
• To provide a holistic and standardized quality services at selected facilities for people with special needs, mental and physical disabilities, post-trauma and injury care, rehabilitation needs for trauma and non-conflict related injuries (i.e. diabetic neuropathy amputations) and psychological and mental health care to affected vulnerable groups with attention to psychiatric care.  
• To ensure that frontline health care facilities and second line referral facilities are able to response to the needs of armed conflict affected population during displacements.

Main activities | 1. Continuity of quality primary and secondary health care at selected health facilities with attention to direct cost and medical and surgical supplies.  
2. Assure accessibility for person with disabilities to health facilities with rehabilitation services including the provision of assistive devices and physical therapy equipment accordingly with gabb assessment results.  
3. Referral between frontline and referral health facilities  
4. Develop and sustain integrated facility based mental health and psychological interventions including the provision of psychiatric care and psychotropic drugs.  
5. Conduct capacity building training for mental health, physical rehabilitation and Infection control measures for health workers.

Project timeframe | 12 months maximum

Target location | Priority 1: Live-savings quality health care services with attention to surgical, trauma and injury care at selected needs-base health facilities in high severity ranking locations with focusing on medical and surgical care supplies, and infection control measures.

Targeted Population | Priority 1: 130,000 direct and around 500,000 indirect beneficiaries  
Priority 2: 25,000 direct people with disabilities/80 service providers/indirect 250,00 from host communities, IDPs and returnees, 416,365 direct beneficiaries with Mental Health, including in patients  
Priority 3: estimated over 500,000 beneficiaries

Cluster | Nutrition - requested amount: $1 million
--- | ---
Cluster specific objectives targeted | 1. Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.  
2. Establish coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming

Allocation specific Objective(s) | The THF was instrumental in supporting the Nutrition Cluster achieving its targets during 2018. Accounted to nearly 40% of nutrition cluster resources, partners supported by the THF reached more than 300,000 children under five years and mothers with life-saving nutrition curative and preventive support and ensured the availability of supplies for 100,000 vulnerable children and mothers in NWS. THF funding
helped sustaining under-funded nutrition programs such as infant and young child feeding as well as nutrition surveillance, which is the only real time source of information on nutrition status in high severity areas. Through this first standard allocation of the year, the THF funding the Nutrition proposed allocation will help consolidating and maintaining gains in provision of life-saving and sustaining basic services – emphasizing equitable access and quality of the response. It will also support scaling up optimal infant feeding and caring practices and maternal nutrition among vulnerable population in Idlib and North Western Aleppo including newly displaced population and overburdened communities.

Main activities
1. Scaling up mothers one to one counselling on optimal infant feeding and caring practices using child friendly spaces and schools as entry points
2. Scale up and promote optimal complementary feeding through blanket supplementary programming and micronutrient support
3. Support optimal maternal nutrition mainly through provision of micronutrient supplementation
4. Health and nutrition education to provide messages on hygiene promotion, dietary diversity and cooking demonstrations.

Project timeframe
9 months

Target location
Priority 1: Akhtrin, Al Bab, Atareb, Azaz, Bulbul, Daret Azzah, Ghandourah, Haritan, Jandairis, Jarablus, Raju, Sharan, Sheikh El Hadid, Suran, Tadaf, Zerbah, Junudiyah, Qourqeen, Saraqab
Priority 2: Afrin, Alra’ee, Ma’btali, Madiq Castle, Armenaz, Darkosh, Idlib, Salqin

Targeted Population
Allocation will primary focus on pregnant and lactating mothers as well as children under five years living in high severity areas as per the severity analysis annexed to THF strategy and HNO (Severity 4 and 3). In terms of population targeted, the allocation will target under served and overburdened communities as well as internally displaced person including the recent displacement from Southern Idlib due to recent escalations.

<table>
<thead>
<tr>
<th>Priority areas</th>
<th>Total Pregnant and lactating mothers</th>
<th>THF target out of the total PLWs in targeted areas</th>
<th>Children 6–24 months targeted for micronutrient supplementation</th>
<th>Children 6–24 targeted by THF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority One</td>
<td>122,306</td>
<td>61,153</td>
<td>91,730</td>
<td>45,865</td>
</tr>
<tr>
<td>Priority Two</td>
<td>62,716</td>
<td>31,358</td>
<td>47,037</td>
<td>23,518</td>
</tr>
<tr>
<td>Recent displacement as indicated by the ICCM cluster</td>
<td>3200</td>
<td>1,600</td>
<td>960</td>
<td>480</td>
</tr>
<tr>
<td>Total</td>
<td>188,222</td>
<td>94,111</td>
<td>139,727</td>
<td>69,864</td>
</tr>
</tbody>
</table>

N.P: Nutrition cluster goal for 2019 is to reach 60% of pregnant and lactating mothers with the appropriate infant and young child feeding services. THF will cover 50% while mandated agencies will cover the other 50%. For provision of micronutrient supplementation mandated agencies will provide supplies, THF funding will be used for operation costs only.

Cluster | Protection Cluster - requested amount: $6M
---|---------------------------------------------------
Cluster specific objectives targeted
1. The protection of population affected by the crisis is improved through community-based and individually targeted protection interventions and through advocacy with duty bearers - relates to SO1, SO2, SO3
2. Strengthen the capacity of humanitarian actors and duty bearers at national and community level to assess, analyze, prevent and address protection risks and needs - relates to SO1, SO2, SO3
3. Survivors have access to quality specialized GBV services and measures are in place to address specific needs of most at risk women and girls - relates to SO1, SO2, SO3
4. Reduce the impact of explosive hazards – relates to SO2
5. Increased and more equitable access for boys and girls to quality child protection interventions in targeted locations in line with the Child Protection Minimum Standards in Humanitarian Action - relates to SO1 and SO2

Allocation specific Objective(s)
For this allocation, the Protection Cluster and Sub-Clusters are prioritizing critical gaps in life-saving protection services; targeted assistance to persons with specific needs with an emphasis on women, men, boys and girls with disabilities; and maintaining and expanding operational response readiness in-line with the Cluster’s agreed-upon, integrated emergency response system and focal point network. In order to meet immediate needs and ensure maximum impact of interventions, the Cluster and Sub-Cluster’s objectives are as follows:
- Promote rights, resilience, inclusion, and emergency response readiness through strengthening community-based protection interventions and individually-targeted, life-saving protection assistance for persons with specific needs.
- Provide life-saving child protection specialized services for the most vulnerable children including children with disabilities.
- Provide life-saving specialized quality GBV services, including case management and psychosocial support.
- Enhance strategies to empower women and girls with a particular focus on most at risks groups (for ex. adolescent girls, and women and girls with disabilities).
- Provide risk education for at-risk groups with life-saving information to reduce the likelihood of accidents, tailored by age, gender, and specific activity patterns.
- Provide emergency services for people and children with injuries and disabilities, and enhance their access to specialized services, including survivors of explosive hazard incidents.
- Enhance the coordination with the Health and Education Clusters by integrating MA activities through their partners and conducting inter-sector response.

<table>
<thead>
<tr>
<th>Main activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protection - activities</strong></td>
</tr>
<tr>
<td>1. Community-based protection services (individual and group assistance) through static centers and mobile outreach teams to respond to individual cases and reinforce community capabilities and response readiness;</td>
</tr>
<tr>
<td>2. Legal counselling or assistance on civil documentation/registration, housing/land/property issues, and other legal concerns in community centers or through mobile outreach teams, in line with humanitarian principles particularly neutrality, and “do no harm” to support individual cases and strengthen community capacity to resolve related-issues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Protection - activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child protection Sub-Cluster will support efforts directed towards improving the quality of child protection specialized services, including case management, that aim to address the specific protection needs of children who are survivors or at risk of violence, abuse and exploitation. This includes the delivery of specialized services for high risk cases, such as unaccompanied and separated children, child laborers, children associated with armed forces and groups, children deprived of their liberty, child survivors of violence, including sexual violence, and other high-risk cases. Such individual or case-based services must be provided in line with the Sub-Cluster’s standard operating procedures on case management, including being provided by trained social workers/case workers that are work within a supervised context. In line with the CERF live-saving criteria (UN 2010) and the UNICEF Guidance for Inclusion of Children with Disabilities in Child Protection Interventions (UNICEF 2018), the Child Protection Sub-Cluster would like to use this allocation to identify extremely vulnerable children and ensure that they are provided with appropriate specialized remedial interventions in line with the Child Protection Minimum Standards. Ideally, it is expected that partners will integrate such activities within their larger operations building off on existing funding or programs. Activities can include:</td>
</tr>
<tr>
<td>1. Case management services addressing children and caregivers’ vulnerabilities that are related to disability, physical/psychological injuries, severe neglect, and lack of appropriate care, family separation and immediate risks of worst forms of child labor, child recruitment and child marriage. This may include establishing a hotline mechanism, outreach, home-visits, case accompaniment, advocacy with other service providers, and one-off emergency case funds to enable immediate response when needed; and</td>
</tr>
<tr>
<td>2. Specialized response to Children with Disabilities (CwD) and their caregivers. Partners need to detail targeted actions to address the specific needs of persons with disabilities. Activities may include interagency capacity building, ad-hoc, care-plan-based procurement and distribution of essential supplies that will remove CwDs from (potential) harm to safety such as assistive devices, communication aids and other interventions that have demonstrable direct individual protection impact on such children. The geographic strategy aims to provide such specialized services in Maaret Annouman and Ariha sub-districts, which are close to the front lines and have significant populations including IDPs. A greater focus has been allocated to Afrin and A’zaz sub-districts that have received considerable numbers of IDPs and are likely to receive more IDPs in case of a major emergency in Idleb.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender-Based Violence - activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifesaving services:</td>
</tr>
<tr>
<td>1. Continuity of GBV focused and life-saving services, particularly through case management</td>
</tr>
<tr>
<td>2. Expansion of GBV specialized services entry points, especially through health facilities and community centers, with a focus on case management and referral</td>
</tr>
<tr>
<td>3. Provision of GBV lifesaving services in newly accessible areas</td>
</tr>
<tr>
<td>Support to persons with specific needs/particularly vulnerable people:</td>
</tr>
</tbody>
</table>
4. Enhance inclusiveness of WGSS for women and girls with disabilities including through the rollout of available training package and technical guidance

Provision of specific adolescent girls focused GBV programming’

**Mine Action - activities**

1. Conduct tailored risk education and risk awareness for at-risk groups, including IDPs.
2. Train humanitarian workers, community focal points, and other people of concern to conduct risk education to improve the integration of risk education throughout all other sectors responses.
3. Provide early post-operative specialized services to persons with injuries (including medical care, physical rehabilitation, MHPSS) and promote the inclusion of persons with disabilities, including survivors of explosive hazard accidents.
4. Conduct accident & incident data collection and refer victims of explosive hazards to specialized Victim Assistance services in coordination with the Health Cluster

**Note:**
- Both RE and VA activities will be conduct with close coordination with the Health and Education clusters.
- Both activities can be integrated with Health and Education projects, ensuring accurate reporting to MA thorough IMSMA and 4W.

**Project timeframe**

12 months

**Target location**

Priority 1: Azaz sub-district (Protection, GBV, MA, CP)
Priority 2: Afrin district (Protection, GBV, MA, CP) NB: Protection allocation is to support emergency readiness through the district focal point.
Priority 3: Ariha district (Protection, GBV, MA, CP) NB: Protection allocation is to support emergency readiness through the district focal point.
Priority 4: Al Mar’a district (Protection GBV, MA, CP) NB: Protection allocation is to support emergency readiness through the district focal point.
Priority 5: Jarablus district (Protection)
Priority 6: Jisr as Shougor sub-district (GBV & MA)

**Targeted Population**

<table>
<thead>
<tr>
<th>District</th>
<th>Sub District</th>
<th>Total Pop</th>
<th>Res Pop</th>
<th>Returnees</th>
<th>IDPs</th>
<th>Male</th>
<th>Female</th>
<th>PwD</th>
<th>&lt;4</th>
<th>5-17</th>
<th>18-59</th>
<th>&gt;59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin</td>
<td>Afrin</td>
<td>94,855</td>
<td>69,735</td>
<td>3,624</td>
<td>21,496</td>
<td>52,300</td>
<td>42,555</td>
<td>1,355</td>
<td>7,319</td>
<td>22,10</td>
<td>61,72</td>
<td>3,710</td>
</tr>
<tr>
<td>Afrin</td>
<td>Bulbul</td>
<td>7,014</td>
<td>-</td>
<td>5,508</td>
<td>1,506</td>
<td>3,623</td>
<td>3,391</td>
<td>26</td>
<td>297</td>
<td>2,531</td>
<td>3,784</td>
<td>401</td>
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<tr>
<td>Afrin</td>
<td>Jandairis</td>
<td>24,419</td>
<td>12,615</td>
<td>4,414</td>
<td>7,390</td>
<td>12,837</td>
<td>11,582</td>
<td>3,102</td>
<td>1,334</td>
<td>6,712</td>
<td>14,14</td>
<td>2,229</td>
</tr>
<tr>
<td>Afrin</td>
<td>Ma’btali</td>
<td>17,432</td>
<td>11,652</td>
<td>3,597</td>
<td>2,183</td>
<td>8,453</td>
<td>8,979</td>
<td>1,828</td>
<td>2,076</td>
<td>4,251</td>
<td>10,02</td>
<td>1,085</td>
</tr>
<tr>
<td>Afrin</td>
<td>Raju</td>
<td>21,083</td>
<td>11,658</td>
<td>7,863</td>
<td>1,562</td>
<td>10,012</td>
<td>11,071</td>
<td>1,125</td>
<td>1,819</td>
<td>6,436</td>
<td>8,959</td>
<td>3,869</td>
</tr>
<tr>
<td>Afrin</td>
<td>Sharan Sheikh El-Hadid</td>
<td>14,073</td>
<td>2,451</td>
<td>5,613</td>
<td>6,009</td>
<td>7,104</td>
<td>6,969</td>
<td>2,331</td>
<td>1,573</td>
<td>4,007</td>
<td>7,227</td>
<td>1,265</td>
</tr>
<tr>
<td>Afrin</td>
<td>-</td>
<td>9,096</td>
<td>-</td>
<td>8,253</td>
<td>843</td>
<td>4,838</td>
<td>4,258</td>
<td>680</td>
<td>403</td>
<td>1,235</td>
<td>6,476</td>
<td>983</td>
</tr>
<tr>
<td>A’zaz</td>
<td>A’zaz</td>
<td>259,612</td>
<td>53,808</td>
<td>5,022</td>
<td>200,782</td>
<td>127,058</td>
<td>132,554</td>
<td>16,03</td>
<td>63,64</td>
<td>83,45</td>
<td>109,4</td>
<td>3,026</td>
</tr>
<tr>
<td>Jarablus</td>
<td>Jarablus Ghandora</td>
<td>73,849</td>
<td>45,264</td>
<td>-</td>
<td>28,585</td>
<td>38,570</td>
<td>35,279</td>
<td>-</td>
<td>19,54</td>
<td>23,76</td>
<td>30,53</td>
<td>-</td>
</tr>
<tr>
<td>Al Ma’ra</td>
<td>Heish</td>
<td>20,335</td>
<td>16,021</td>
<td>-</td>
<td>4,314</td>
<td>11,401</td>
<td>8,934</td>
<td>247</td>
<td>4,407</td>
<td>7,598</td>
<td>8,307</td>
<td>23</td>
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<tr>
<td>Al Ma’ra</td>
<td>Kafr Nobol</td>
<td>58,647</td>
<td>32,373</td>
<td>1,799</td>
<td>24,475</td>
<td>30,599</td>
<td>28,048</td>
<td>3,528</td>
<td>12,73</td>
<td>20,40</td>
<td>24,79</td>
<td>724</td>
</tr>
<tr>
<td>Al Ma’ra</td>
<td>Khan Shaykun Ma’arrat</td>
<td>115,370</td>
<td>65,787</td>
<td>200</td>
<td>49,383</td>
<td>61,031</td>
<td>54,339</td>
<td>4,980</td>
<td>18,42</td>
<td>43,61</td>
<td>51,80</td>
<td>1,533</td>
</tr>
<tr>
<td>Al Ma’ra</td>
<td>An Nu’man</td>
<td>31,055</td>
<td>10,492</td>
<td>1,575</td>
<td>18,988</td>
<td>17,308</td>
<td>13,747</td>
<td>3,922</td>
<td>2,972</td>
<td>11,68</td>
<td>15,87</td>
<td>517</td>
</tr>
<tr>
<td>Al Ma’ra</td>
<td>Al Sanjar</td>
<td>218,406</td>
<td>115,923</td>
<td>41,525</td>
<td>60,958</td>
<td>115,491</td>
<td>102,915</td>
<td>13,14</td>
<td>35,19</td>
<td>58,58</td>
<td>115,9</td>
<td>8,661</td>
</tr>
<tr>
<td>Al Ma’ra</td>
<td>-</td>
<td>11,613</td>
<td>-</td>
<td>10,059</td>
<td>1,554</td>
<td>5,924</td>
<td>5,689</td>
<td>156</td>
<td>2,023</td>
<td>4,164</td>
<td>5,073</td>
<td>352</td>
</tr>
</tbody>
</table>
## Note:

For CP only, **Idleb and Harim sub-districts** can also be included for activities related ONLY to alternative care and response to Children with Disabilities (CwDs).

### Protection:
Women, men, boys and girls with specific needs including serious health conditions and legal/physical protection needs; female-headed households; adolescent girls and boys; elderly women and men; and women, men, girls and boys with disabilities.

**Child Protection:** IDP and host community children and caregivers of vulnerable children with disability, physical/psychological injuries, suffering from severe neglect, lack of appropriate care, family separation and immediate risks of child labor, child recruitment and child marriage.

**Gender-Based Violence:** Women, adolescent girls, women and girls with disabilities, men and boys, IDPs and host community.

### Mine Action:
While all Syrians in contaminated areas are vulnerable, certain population groups are at greater different risks in correlation with gender and age, as well as social roles and responsibilities.
   - **For risk education:** Men and boys who considered to be the most exposed to the immediate threat of explosive incidents
   - Women and girls are more affected by their indirect impact, such as the deprivation of freedom of movement and the exacerbation of underlying vulnerabilities.
   - IDPs and other populations’ limited awareness and/or knowledge types of hazards that might be prevalent.
   - Farmers and herders who work in contaminated agricultural land, and work in remote areas where hazards may have lay undisturbed.
   - Children, especially young boys, as they may unknowingly play with or investigate hazardous items.
   - Humanitarian workers and reconstruction workers providing aid in areas affected by conflict and, rehabilitating infrastructure potentially impacted by conflict that may have hidden contamination inside.
   - For victim assistance, survivors of explosive hazard accidents and their families due to the physical, psychosocial and socio-economic impacts such an accident can have on a family unit.

---

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Shelter &amp; NFI - requested amount: $5 million</th>
</tr>
</thead>
</table>
| **Cluster specific objectives targeted** | Sector Objective 1: Provide life-saving and life-sustaining shelter and NFI support
Sector Objective 2: Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure. |
| **Allocation specific Objective(s)** | 1. To replenish the SNFI Cluster Emergency Pipeline Stock to reach a combined emergency contingency capacity to cover approximately 300,000 individuals (operational readiness).
   - To create additional shelter capacity to reduce overcrowded living conditions through conversion of spaces, completion of unfinished buildings or creation or collective centres.
   - To repair and/or rehabilitate shelters in substandard condition to ensure minimum standards of living condition
   - To adapt existing shelters to improve overcrowded conditions (making efficient use of space that meets sphere standards and provides adequate privacy and access to cooking and bathroom facilities).
2. To provide capacity building on shelter rehabilitation programming to increase the overall capacity of the cluster to respond to the shelter needs. |
| **Main activities** | 1. Provision of core essential NFIs (1.1.1)
2. Provision of Emergency Shelter; distribution/installation of emergency shelter materials/kits (1.3.3)
3. Rehabilitation of collective centres and transitional shelters; Rehabilitation of collective centres (1.4.1) |
4. Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities to owners/tenants/host families; Rehabilitation of damaged houses and upgrading of unfinished buildings (2.1.1) and repairing/ rehabilitation of community/public infrastructure and facilities (2.1.2)
5. Training of stakeholders on resilience and quality-oriented shelter skills and capacities (2.2.1)

**Project timeframe**
12 months maximum

**Target location**
For NFI Emergency Stock there is no prioritization, decision is based on need and related to the point of arrival.

Prioritization based on the following information:

<table>
<thead>
<tr>
<th>Governorate</th>
<th>District</th>
<th>Sub District</th>
<th>HHs faced shelter adequacy</th>
<th>Shelter severity</th>
<th>Shelter PIN</th>
<th>Priorit y</th>
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<tr>
<td>Aleppo</td>
<td>A’zaz</td>
<td>A’zaz</td>
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<td>Jebel Saman</td>
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<td>316,750</td>
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</table>
Targeted Population

For activity 1 to replenish the SNFI Cluster Emergency Stock, the targeted population is all newly displaced IDPs and/or arrived returnees with life-saving NFI needs, especially of marginalized and particularly vulnerable people, including people with disabilities and GBV cases as well as other emergency cases within the host communities. Where possible the ratio should be close to 70% IDP/returnee and 30% Host communities.

For activity 2-4 related to shelter support, including kits and emergency rehabilitation, vulnerable HHs living in unfinished or damaged buildings, collective shelters and newly arrived IDPs or IDPs living in extreme overcrowded conditions moving to shelter extensions and newly rehabilitated or finished shelters. Particular attention to returnees, whether localized or not, to contribute to their resilience and reduce their dependency as well as targeting and considering special needs of marginalized and particularly vulnerable people, including people with disabilities and GBV cases as well as other emergency cases.

For activity 5 To provide capacity building on shelter rehabilitation programming to increase the overall capacity of the cluster to respond to the shelter needs, the target is Syrian NGO shelter staff teams and/or individuals in both Turkey and NW Syria.

TARGET:
NFI - (7,500 HHs / 45,000 individuals)
Shelter – (3,000 HHs / 18,000)

Cluster Water, Sanitation and Hygiene - requested amount: $5 million

Cluster specific objectives targeted

1. Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria;
2. Deliver life-saving humanitarian WASH supplies, services, and improve hygienic behaviour and practices of most vulnerable people.
### Allocation specific Objective(s)

1. Provision of basic WASH services in camps hosting IDPs from previous displacements and newly arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs in addition, to preparation for any sudden influx of IDPs;
2. Improve access to safe and adequate water and safely managed wastewater through rehabilitation, operation/maintenance and restoration of system efficiency;
3. Provide access to proper gender sensitive and disability WASH facilities in camps, schools, child friendly spaces and health facilities.

- Preparedness actions and contingency planning must be kept up to date and at sufficient levels to enable timely response to the emerging needs, especially considering anticipated rapid changes in the level of access and possible new mass displacements;
- Proposed life-saving and life-sustaining interventions should also help reduce recourse to harmful coping strategies that risk exacerbating existing needs;
- Proposed interventions should improve cross-sectoral linkages by promoting early recovery and access to basic services.
- Proposed interventions should aim to maintain an acceptable level of response focusing on continuity of services in camps where IDPs rely totally on aid provided by partners. WASH activities in camps will need to be closely coordinated with the CCCM cluster ensuring targeted camps are most in need and in the flood affected camps and locations, a comprehensive response is properly designed to ensure proper design that meets standards are followed across both clusters.
- Proposed intervention should ensure the continuity of services to the benefiting communities to ensure maintaining low level of water borne diseases and continuity of access to safe water.
- Proposed intervention should aim to improve the access of both host communities and IDPs to safe water and work towards promoting water safety plans, trying to improve the quality of water being delivered by private vendor.

### Main activities

**Provision of basic WASH services in camps hosting IDPs from previous displacements and newly arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs in addition, to preparation for any sudden influx of IDPs**

- Supply safe and adequate water either through trucking or connection to existing systems;
- Provision and maintain of gender appropriate distribution points for timely and protective water collection;
- Water quality monitoring through testing at water sources, storage and household to ensure water is according to standards;
- Repair/maintain/ construct gender protected/safe and accessible by people with special needs and have safe wastewater disposal;
- Solid waste collection and management through provision of adequate solid containers and regular removal;
- Periodic distribution of essential hygiene materials and one distribution of WASH/NFIs to newly arrivals; and
- Hygiene promotion and awareness.

**Preparation of receiving newly IDPs in case of sudden influx of IDPs this might include but not limited to;**

- Improving WASH facilities that meets WASH emergency standards
- Pre-positioning of items
- Ensure protection mainstreaming and do no harm approach is followed

**Improve access to safe and adequate water and safely managed wastewater through rehabilitation, operation/maintenance and restoration of system efficiency:**

- Water sources/boreholes development and equipping;
- Rehabilitate/repair/operate and maintain water and wastewater projects (water treatment plants, storage tanks and pump stations);
- Repair/replace/extend water distribution network and ensure wide connection;
- Rehabilitate/replace/maintain and repair of sewer network and manholes;
- Provision of supplies and materials (fuels, water disinfectant (chlorine), oil and spare parts) necessary for systems operation; and
- Capacity development of water utility unit through staff training on operation and maintenance and establishment of cost recovery system to ensure self-operating.
- Applying a proper cost recovery to ensure the sustainability of operation in the targeted water systems
## Provide access to proper gender sensitive and disability WASH facilities in camps, schools, child friendly spaces and health facilities:
- Construction/expansion of WASH facilities to be gender appropriate and accessible by women and children with special needs
- Construct accessible and adequate water storage and drinking points
- Installation of solid waste collections containers
- Fixing installing water points and storage tanks
- Develop hygiene promotion and awareness manual for teachers and students supported by hygiene awareness sessions and activities.
- Light rehabilitation/maintenance of WASH facilities to be gender appropriate and accessible by women and children with special needs

### Prevent leishmaniasis with improved solid waste management, vector control and use of bed-nets:
- Improved SWM with preparation of land-fill and waste collection transfer and disposal
- Carryout indoor residual spry (IRS)
- Promotion of use of bed-nets

### Project timeframe
- Up to 12 months

### Target location
- Provision of basic WASH services in camps hosting IDPs from previous displacements and newly arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs in addition, to preparation for any sudden influx of IDPs

#### Locations:
- Idleb: SDs; Idleb, Qourqena, Maaret Tamsrin, Jisr-Ash-Shugur, Armanaz, Dana, Sarmada, Salqin, Alepppo: SDs; Haritan, Daret Ezza, Jandaris, Atareb

#### Note:
Locations should be selected based on the needs of the population not the needs of the existing systems

### Improve access to safe and adequate water and safely managed wastewater through rehabilitation, operation/maintenance and restoration of system efficiency:

#### Locations:
- Idleb: SDs; Idleb, Qourqena, Maaret Tamsrin, Jisr-Ash-Shugur, Armanaz, Dana and Harim
- Aleppo: SDs; Haritan, Daret Ezza, Jandaris, Atareb, Azaz, Afrin and Euphrates shield

#### Note:
Locations should be selected based on the needs of the population not the needs of the existing systems

### Provide access to proper gender sensitive and disability WASH facilities in camps, schools, child friendly spaces and health facilities:

#### Locations:
- Idleb: North Idlib governorate camps, informal settlements, reception centers and informal settlements
- Aleppo: Afrin and Euphrates shield areas camps, informal settlements, reception centers and informal settlements

### Reduction leishmaniases cases through prevention activities;

#### Locations:
All hotspot Sub-districts in NWS as identified by reports of EWARN and The MENTOR initiative

### Targeted Population

<table>
<thead>
<tr>
<th>Total Population Targeted</th>
<th>Internally Displaced People</th>
<th>Host population</th>
</tr>
</thead>
<tbody>
<tr>
<td>600,000</td>
<td>350,000</td>
<td>250,000</td>
</tr>
</tbody>
</table>

The allocation will target locations with severity levels 3, 4 and 5; especially in the locations where incidences of acute bloody diarrhea, typhoid, jaundice and leishmaniasis are high.

### VII. ANNEXES

When developing their project, partners are strongly advised to review the following annexes to ensure their proposal responds to the required standards

- Annex 1: Guidance for budget preparation
- Annex 2: Guidance on sectoral technical criteria to be followed by projects
- Annex 3: Guidance on protection mainstreaming in projects and using the protection risk analysis
- Annex 4: Guidance on gender mainstreaming in projects and the new Gender and Age Marker (GAM)
- Annex 5: List of THF standard activities and indicators to be used when developing a project logframe
- Annex 6: THF updated Operational modalities and control Mechanisms (as of 20 March 2019)